

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037957

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 55Primary Registration District No. 3011Registrar's No. 138

STATE FILE NUMBER

FILED NOV 7 1962

## 1. PLACE OF DEATH

a. COUNTY **Carroll**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Carrollton**Length of stay in 1b  
**41 yrs.**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Carroll Memorial Hosp.**Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **Carroll**c. CITY OR TOWN **Carrollton, R.1**Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
**3 Mi. North of Carrollton**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
**JOHN M. GRIFFIN**4. DATE OF DEATH  
Month Day Year  
**Oct. 27 1962**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**12/26/1877**9. AGE (last birthday)  
**84**IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Farmer**10b. KIND OF BUSINESS OR INDUSTRY  
**Farm**11. BIRTHPLACE (City and state or country)  
**Nodaway County, Mo.**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

## 13a. FATHER'S NAME

**Henry Griffin**

## 13b. MOTHER'S MAIDEN NAME

**Frances Dinsmore**

## 14. NAME OF HUSBAND OR WIFE

**Della Griffin**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

## 16. SOCIAL SECURITY NO.

17. INFORMANT Address  
**John H. Griffin, Carrollton, Mo.**18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) **1-Carcinoma of lungs**INTERVAL BETWEEN ONSET AND DEATH  
**1 yr.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **2-Pyelonephritis, Acute****2 Wks.**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**Osteo-Arthritis, Generalized**PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **June 1962** to **Oct. 27, 1962** and last saw him alive on **Oct. 27, 1962**Death occurred at **9:40 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

**Burial****10/29/62****Carroll Memory Gardens****Carrollton****Mo.**

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

**Gibson Funeral Home, Carrollton, Mo.****10-31-62****Ann Calvert White Moore**

NOV 2 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.